## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

Applicant Name: James Mck	inley Branson	
Date Received: Postmarked 2/20/13 Ap	/	05 39
Date Received: 105 Market 27 207 19 A	oplicant Number:	<u> </u>
Recommended Applicant Pool Status: Final Applicant Pool Status:		
☐Included ☐Removed	☑Included	Removed
DECLUDEASENTS.		
REQUIREMENTS:  1. Was the application received before the submission deadline?		✓Yes □No
If NO, list time/date application was received		
2. Is the application complete?		Lives Lino
If NO, list the item(s) that need to be completed:		
3. Indicate how the applicant responded to the following questions:		
A. Student enrolled in a college/university in the City of Austin?		□Yes □No
If YES, consider I and it only; If NO, consider I	I, II, III, and Iv:	,
i. Reside in the City of Austin?		✓Yes □No
ii. Registered to vote in the City of Au	stin?	☑Yes ☐No
iii. Continuously registered to vote in	the City of Austin?	ŪŶes □No
iv. Voted in 3 of the last 5 City of Aust	in general elections?	☐Yes ☐No
❖ Follow-up needed related to REQUIREMENTS? If YES, identify issue(s) addressed and dispo	sition:	□Yes □No

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CONFLICTS OF INTEREST:	□Yes ☑No
4. Did the applicant respond "Yes" to any conflict of interest questions?  If YES, indicate which question(s):	Lifes Julio
Follow-up needed related to CONFLICTS OF INTEREST?  If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY:  5. Are applicant answers consistent?  If NO, indicate which answer(s):	☑Yes □No
Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:	□Yes ☑No
Application Reviewed By:  Quality Control Review By:  QC Rev	jew Date:
Follow-up Contact(s) Reviewed By: Date:	